Section 1: Personal Characteristics (please tick the ones applicable)

1. Age: …….

2. Sex: Male ☐ Female ☐

3. Form: SHS 1☐ SHS 2 ☐ SHS 3 ☐

4. Religious affiliation: Christian☐ Muslim☐ Traditional☐ No Religion ☐
   Other, specify ☐ ……

5. Whom do you live with? Only father☐ Only mother☐ Both parents ☐
   Both parents and siblings ☐ Relatives ☐ Live alone ☐
   Other, specify ☐……

6. Do you work apart from schooling? Yes ☐ No ☐

7. Where do you get your pocket money from? Parents ☐ Guardians☐ From working☐
   Gifts ☐ Others, specify ☐ ……..……

Section 2: Availability and Accessibility of Substances (please tick the ones applicable)

	Substance	**Yes**	**No**
8. Which of the substances are commonly used by students? (Tick appropriately to each one of the substances mentioned)	Alcohol		
	Cigarette		
	Shisha		
	Marijuana (Wee)		
Others, specify			

9. How easy is it to obtain these substances? (Tick appropriately to each one of the substances mentioned)					
Substance	**Very Easy**	**Easy**	**Slightly Easy**	**Difficult**	**Very Difficult**
Alcohol					
Cigarette					
Shisha					
Marijuana (Wee)					

10. Where do students obtain these substances from? Tick all that apply					
	Yes	**No**		**Yes**	**No**
School			Market		
Friends			Drug peddlers		
Online (social media)			Others, specify		

11. When are students most likely to use these substances? Tick all as appropriate

	Yes	No		Yes	No
Any time			After class		
Break time			Weekends		
During inter-school competition			During holidays		
Before doing sports			Home		
Others, specify					

Section 3: Substance Abuse (Tick as appropriate for all the substances)

		Yes	No
1	Have you ever felt you ought to cut down on your drinking or drug use?		
2	Have people annoyed you by criticizing your drinking or drug use?		
3	Have you felt bad or guilty about your drinking or drug use?		
4	Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?		

12. How often do you use these substances? Tick those that apply

Substance	Once a month	Once in two weeks	Once a week	3 to 4 days a week	Daily	I have never used
Alcohol						
Cigarette						
Shisha						
Marijuana (Wee)						

Substance	17. Have you ever felt you ought to cut down on your substance use?		18. Have people annoyed you by criticizing your substance use?		19. Have you felt bad or guilty about your substance use?		20. Have you ever had to use substance(s) first thing in the morning to steady your nerves (eye-opener)?	
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
Alcohol								
Cigarette								
Shisha								
Marijuana (Wee)								
	21. Do you have friends/classmates who use this substance?				22. Do you have any family member who uses this substance?			
	Yes		**No**		**Yes**		**No**	
Alcohol								
Cigarette								
Shisha								
Marijuana (Wee)								

Section 4: Factors Associated with Substance Use.

Below are factors associated with substance use. Please indicate how strongly you agree or disagree with each statement

		Strongly disagree 1	**Disagree 2**	**Neutral 3**	**Agree 4**	**Strongly agree 5**
1.	To relax					
2.	To feel high					
3.	To cope with stress					
4.	To have fun					
5.	To feel good about oneself					
6.	To get away from my problems					
7.	Peer pressure					
8.	Social media					
9.	Access to substances					
10	Advertisement of substances					
11	Boredom					
12	Family disputes					
13	Low self confidence					
14	To improve learning					
15	To eliminate shyness					
16	To get away from my problems					
17	Lack of knowledge about complications of substance use					
18	Use of substance by a family member					

SECTION 5: CONSEQUENCES OF SUBSTANCE USE

To what extent do you agree or disagree with the statements on the effects of substance use.

		Strongly disagree 1	**Disagree 2**	**Neutral 3**	**Agree 4**	**Strongly agree 5**
1.	When people use substances they feel tired					
2.	Substance use causes bad temper					
3.	Substance use does not affect school work					
4.	Lack of self control affects substance use					
5.	Do you feel bad after using substances?					
6.	Substance use affects a person negatively					
7.	Substance use motivates you to study					
8.	Substance use does not break family relationship					
9.	When a person uses substances it brings disgrace to their family					
10.	Substance use causes lack of trust					
11.	Substance user engages in violent activities					
12.	Substance use does not affect a person's ability to learn					

SECTION 6: SELF ESTEEM

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement

		Strongly agree 4	**Agree 3**	**Disagree 2**	**Strongly disagree 1**
1.	On the whole, I am satisfied with myself.				
2.	At times I think I am no good at all.				
3.	I feel that I have a number of good qualities.				
4.	I am able to do things as well as most other people.				
5.	I feel I do not have much to be proud of.				
6.	I certainly feel useless at times				
7.	I feel that I'm a person of worth, at least on an equal plane with others.				
8.	I wish I could have more respect for myself.				
9.	All in all, I am inclined to feel that I am a failure.				
10.	I take a positive attitude toward myself.				

SECTION 7: SUBSTANCE USE PREVENTION STRATEGIES

The following strategies could be used to prevent or stop substance use. Please indicate how strongly you agree or disagree with each statement

		Strongly disagree 1	**Disagree 2**	**Neutral 3**	**Agree 4**	**Strongly agree 5**
1.	Awareness talks on substance abuse					
2.	Guidance/Counselling services					
3.	Clubs on prevention of substance abuse					
4.	Peer counselling					
5.	Random checks for substances of abuse					
6.	Referral of students to treatment and rehabilitation services					
7.	Sensitization programs for first year students					
8.	Policy on substance use free environment within the school					
9.	Substance use curriculum					
10.	A core unit on drugs and substance abuse in first year					